## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09 694 433

| CLAIMS AS FILED - PART I<br>(Column 1)  |  |   |                   |             |                         | (Column 2)       |          | SMALL ENTITY TYPE                     |                        | OR      | OTHER THAN<br>SMALL ENTITY |                        |
|---|--|---|-------------------|-------------|-------------------------|------------------|----------|---------------------------------------|------------------------|---------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 13                |             |                         |                  | Г        | RATE                                  | FEE                    |         | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED      |             | NUMBI                   | ER EXTRA         |          | BASIC FEE                             | 355.00                 | OR      | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 13 minus 20=      |             | *                       |                  |          | X\$ 9=                                |                        | OR      | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   | 2 minus 3 =       |             |                         |                  |          | X40=                                  |                        | OR      | X80=                       |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | ESENT             |             |                         |                  |          | +135=                                 |                        | OR      | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter                              |  |   |                   |             | r "0" in c              | olumn 2          | L        | TOTAL                                 | 355                    | OR      | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |  |   |                   |             |                         |                  |          | OTHER THA SMALL ENTITY OR SMALL ENTIT |                        |         |                            |                        |
|   |  | (Column 1)<br>CLAIMS                      |                   |             | HEST                    | (Column 3)       | 1 6      |                                       | ADDI-                  | )<br>   |                            | ADDI-                  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                   | PREVI       | IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |          | RATE                                  | TIONAL<br>FEE          |         | RATE                       | TIONAL<br>FEE          |
|   | Total .  | *   | Minus             | **          |                         | =                |          | X\$ 9= -                              | <u>-</u> . ,           | OR      | X\$18=                     |                        |
|   | Independent                                    | *<br>NTATION OF M                         | Minus             | ***         | T CLAIM                 | =                | [        | X40=                                  |                        | OÑ      | - X80=                     |                        |
| _   | FINST FRESE                                    | NIAHON OF W                               | OCTIFEE DE        | LINDLIN     | TOLANI                  |                  | <b>-</b> | +135=                                 |                        | OR      | +270=                      |                        |
|   |  |   |                   |             |                         |                  |          | TOTAL<br>ADDIT. FEE                   |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|   |  |   | ODII. FEE         |             | •                       | ADDII. I EE      |          |                                       |                        |         |                            |                        |
|   |  | (Column 1)<br>CLAIMS                      |                   | HIG         | imn 2)<br>HEST          | (Column 3)       | ٦г       |                                       | ADDI-                  |         | r                          | ADDI-                  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                   | PREV        | MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE                                  | TIONAL<br>FEE          |         | RATE                       | TIONAL<br>FEE          |
|   | Total  | *   | Minus             | **          |                         | =                |          | X\$ 9=                                |                        | OR      | X\$18=                     |                        |
|   | Independent                                    | *   | Minus             | ***         |                         | =                |          | X40=                                  | ,                      | OR      | X80=                       |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT C     |   |                   |             |                         |                  | ┙┟       | +135=                                 |                        |         | +270=                      |                        |
|   |  |   |                   |             |                         |                  | L        | TOTAL                                 |                        | OR      | TOTAL                      |                        |
|   |  |   |                   |             |                         |                  |          |                                       |                        | OR      | ADDIT. FEE                 |                        |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                                       |  |   |                   |             |                         |                  |          |                                       |                        |         |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREV | MBER<br>IOUSLY<br>FOR   | PRESENT<br>EXTRA |          | RATE                                  | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NON   | Total  |   | Minus             | **          |                         | =                |          | X\$ 9=                                |                        | OR      | X\$18=                     |                        |
| ME  | Independent                                    | •   | Minus             | ***         |                         | =                | 11       | X40=                                  |                        | OR      | X80=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |             |                         |                  |          |                                       |                        |         |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                   |             |                         |                  |          |                                       |                        | OR      | +270=                      |                        |
|   | If the "Highest Nu *If the "Highest Nu         | mber Previously F                         | aid For IN TH     | IS SPACE    | is less tha             | an 20, enter "20 | 0." A    | DDIT. FEE                             |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|   | The "Highest Nur                               | nber Previously Pa                        | aid For" (Total o | r Indepen   | dent) is the            | e highest numb   | ber fou  | nd in the app                         | oropriate bo           | x in co | olumn 1.                   |                        |